MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001464
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 410

TE B AMENDED

FILED FEB 13 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF L. W. Turner DOCUMENT

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City

Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1412 E. 24th.

Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Jackson

c. CITY OR TOWN: Kansas City Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 1412 E. 24th. Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Odessa Middle: N. Last: Allen

4. DATE OF DEATH: Month, Day, Year: Jan. 20, 1962

5. SEX	6. COLOR OR RACE	7.	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR	
					Months	Days	Hours	Min.
female	negro	Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	12-4-1896	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
housework		Blackburn, Mo.	U S A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
William Carter	Mattie Carter	Frankie Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		Leslie Allen	Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-19-62 to 1-20- 62 and last saw her him alive on 1-19-62

Death occurred at Home m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. W. Turner M.D. (Degree or title)

22b. ADDRESS: 1612 E. 12th.

22c. DATE SIGNED: 1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 1-26-62

23c. NAME OF CEMETERY OR CREMATORY: Waverly

23d. LOCATION (City, town, or county) (State): Waverly, Mo.

24. FUNERAL DIRECTOR ADDRESS: Geo. H. Green Marshall, Mo.

25. DATE RECD. BY LOCAL REG.: 1-24-62

26. REGISTRAR'S SIGNATURE: Ruth H. Longa

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

VS FEB 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Georgia H. Green

Licensed Embalmer No. 4220

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.